



DEPARTMENT OF LICENSING  
MASTER LICENSE SERVICE  
PO BOX 9048  
OLYMPIA, WA 98507-9048

Owner Name
UBI

## CITY OF BELLEVUE ADULT CABARET ESTABLISHMENT ADDENDUM

**Note:** This form must be submitted with a completed Master Application and a separate Personal/Criminal History form for each owner and manager. Application is subject to approval by the Bellevue Departments of Planning & Community Development, Finance, Police and Fire.

**PLEASE TYPE OR PRINT IN DARK INK.**

### A GENERAL BUSINESS INFORMATION

- Indicate if you will be engaging in any of the following business activities. Check all that apply.  
☐ Charging Admission      ☐ Gambling
- Square feet of office floor space: \_\_\_\_\_
- Has this business ever been registered **in Bellevue** before? ..... ☐ Yes    ☐ No  
If **Yes**, enter Bellevue Registration Number..... \_\_\_\_\_  
Business Name..... \_\_\_\_\_
- Do you plan to conduct any part of business from your home?..... ☐ Yes    ☐ No  
Do you require a Home Occupation Permit?..... ☐ Yes    ☐ No  
You require a Home Occupation Permit if there is any: external indication of commercial activity, non-resident employees, client visits, business deliveries or vehicle signs. For further information, please contact the Bellevue Department of Planning & Community Development at (425) 452-6864.
- Is this a non-profit organization?..... ☐ Yes    ☐ No  
If **Yes**, please attach a copy of your Federal Tax Exemption Certificate 501(C)3, 4, or 7. Without this certificate, your activities are taxable.

### B ADULT ENTERTAINMENT OR SIMILAR BUSINESS HISTORY (continued on Page 2)

- Do you or any of the partners or corporate officers hold any other licenses under Bellevue City Code 5.08 or under any other similar adult entertainment or sexually oriented business ordinance (including motion picture theaters, panorams, escort services or massage parlors) from the City of Bellevue or another city, county or state?  
..... ☐ Yes    ☐ No

If **yes**, please list the names and addresses of **all** other licensed businesses (use additional sheets if needed):

Name	Address	City, State, Zip	Telephone (with area code)	Desc. of Business

**B ADULT ENTERTAINMENT OR SIMILAR BUSINESS HISTORY (continued)**

2. Have you or this entity, in previously operating in the City of Bellevue or another city, county or state, had a business license or adult entertainment license revoked or suspended? ..... ☐ Yes ☐ No

If **yes**, describe the reason for suspension or revocation and the activity or occupation of the applicant subsequent to such action, suspension or revocation:

**C BUSINESS SITE INFORMATION (location and legal description of property for proposed Adult Cabaret)**

Street Address: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Lessee's Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

**D PLANS AND DRAWINGS (See important instructions/standards on attached page.)**

**Scale Drawing/Diagram** - You must submit building plans which demonstrate conformance with Bellevue City Codes 5.08.040, subsection B-1 & K; 5.08.070, subsections A & D; and a scale drawing or diagram showing the configuration of the premises for the adult cabaret, including:

- total floor space occupied by the business;
- marked dimensions of the interior of the premises.

Performance areas, seating areas, manager's office and stations, restrooms and service areas shall be clearly marked on the drawing. All plans and drawings shall follow the Bellevue Standards for Plans and Drawings (attached).

**NOTE:** *Businesses must comply with all city codes and ordinances, which include but are not limited to the **Land Use Code, Building Codes and Fire Codes**. For Bellevue Permit information, please call (425) 452-6864 or TTY (425) 452-4636.*

No license will be issued to anyone under the age of 21 (18 where alcoholic beverages are NOT served).